



**BIOPSYCHOSOCIAL INDICATORS OF A SUBSTANCE USE PROBLEM**

**Substance Abuse:**

Recurrent substance use causing a failure to fulfill obligations at work, school or home, as evidenced by:

Recurrent substance use in hazardous situations:

Recurrent substance related legal problems:

Continued use despite having persistent or recurrent social or interpersonal problems:

**Substance Dependence:**

Needs increased amount to achieve the same effect, or decreased effect with use of the same amount, as evidenced by:

Withdrawal evidenced by circled items: shakes, sweats, sleep problems, restlessness, seizures, hallucinations, nausea/stomach problems.

Substance taken in larger amounts or over a longer period than intended:

Desire or unsuccessful efforts to cut down or control use:

Excessive time spent obtaining, using or recovering from substance use:

Social, work or leisure activities given up due to substance use:

Substance use in spite of awareness it aggravates physical or psychological problems:

PATIENT'S IDENTIFICATION: *(For typed or written entries, give: Name – last, first, middle; ID No (SSN or other); Sex; Date of Birth; Rank/Grade.)*

REGISTER NO.	WARD NO.
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**RELEVANT PAST HISTORY:**

Childhood was:

Family psychiatric or substance abuse history:

Spiritual history:

**MEDICAL HISTORY (from Outpatient Medical Record review):**

Pertinent history of physical problems:

Mental health problems and treatment (including substance abuse treatment):

Current medications and doses:

**MENTAL STATUS EXAM:**

Grooming problems \_\_\_\_\_ Motor aberrations \_\_\_\_\_ Speech aberrations \_\_\_\_\_

Manner \_\_\_\_\_ Mood \_\_\_\_\_ Affect \_\_\_\_\_

Thought process and content aberrations \_\_\_\_\_

Hallucinations \_\_\_\_\_ Cognitive functioning problems \_\_\_\_\_

Problems with insight / judgement / impulse control \_\_\_\_\_

Suicidal ideation/plan \_\_\_\_\_

Homicidal ideation/plan/target \_\_\_\_\_ Contract for safety \_\_\_\_\_

**FORMULATION/ASAM PPC:**

- 1. Withdrawal risk is: low / medium / high.  
Describe if medium or high:
- 2. Bio-medical issues:
- 3. Emotional or behavioral issues:
- 4. Readiness to change: very low/ low/ moderate/ moderately high/ high.  
Describe:

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**FORMULATION/ASAM PPC (CONTINUED):**

5. Potential for further substance related incidents: very low / low / moderate / moderately high / high.  
Describe:

6. Issues of concern regarding recovery environment:

7. Is this visit deployment related? Yes\_\_\_\_\_ No\_\_\_\_\_

**DIAGNOSES:**

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V: GAF = \_\_\_\_\_ (current)

**RECOMMENDATIONS:**

- 1. Substance abuse treatment is: indicated / not indicated.
  - a) The level of treatment recommended is: Impact / Outpatient / Intensive Outpatient / Residential
  - b) Treatment may be scheduled by calling SARP
- 2. Other recommendations:
  - a)